STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	LEASE PRINT			RECEIVED
I. Name of Lobbyist(s	Karen Hicks			OCT 3 1 2018
11. Name of lobbyist's partnership, firm or corporation, if any:				NEW HAMPSHIRE
<u>Civix Stran</u>	tegy Group, uc	<u> </u>		DEPARTMENT OF STATE
(Name	e of partnership, firm or corporation	,		
Business Address: (Stre	CEC) ST STE 203 (Tow	-	(State)	0330) (Zip Code)
(163) <u>673-9410</u> (Telephone)	()	(Fax)	e-mail Karenacivixs	itrategy Group com
	vers: (Choose one – file separa ansactions which are not attri			a separate report for
•	actions occurring in the months	_		owing client:
Civix Stra	Heav Group (Full Name of Client as it appears	on the Labbuist Peaist	ation Form)	
OR	(run is white of Cheffi as it appears	s on the Lobbyist Registi	ation Form)	
☐ All reportable transa unrelated to any particu	actions by the lobbyist (including lar client.	ng the lobbyist's famil	y), or the lobbying firm	listed below which are
IV. Date of Report Reports cover: activity	April 25, 2018 Ty from date of registration to 3/31		√25, 2018 □ m 4/1/18 to 6/30/18	
а	October 31, 2018 70 10 10 10 10 10 10 10 10 10 10 10 10 10		uary 30, 2019 [] pm 10/1/18 to 12/31/18	
	no fees received and no repondere just this form and subm			
VI. Check if additiona	l reports are attached:			
•	d fees or made expenditures, yo			
☐ If you have paid an Expense Reimbursemer	honorarium or reimbursed exp nt	enses, you must file A	Addendum B- Report o	f Honorariums or
☐ If you, your firm, o	r your family has made politica	al contributions, you n	nust file Addendum C-	Political Contributions
	rmation by Lobbyist SA 15-B, RSA 14-C and RSA 6 t of my knowledge and belief.	664 and hereby swear	or affirm that the forego	ing information is true
(Signature of lobbyist)	thus_		10 31 18 (Date)	_
Karen Hicks	S		(Date)	
(Print Name of lobbyis	t)			